

<i>People not yet using, but at risk of needing LTC services</i>	<i>People who currently need LTC services</i>
<p><b>Self-determination/Person centered focus</b></p> <ul style="list-style-type: none"> <li>Self-management as a core component of care [1.A.] [agency policy, e.g. Medicaid purchasing];</li> </ul>	<p><b>Self-determination/Person centered focus</b></p> <ul style="list-style-type: none"> <li>DSHS/ADSA review current program practices and incorporate self-management into system design, assessments and decision-making processes (e.g. review policies and procedures for CARE assessment and development of Plan of Care; review provider and consumer training/education to ensure that self-determination and person centered focus are emphasized). Include mechanisms to ensure flexibility to respond to person-centered care planning [1.A,B] [agency policy];</li> </ul>
<p><b>Chronic care management:</b></p> <ul style="list-style-type: none"> <li>Increase utilization of the chronic care model [CCM] or other models that integrate medical and social care management and provide cross-disciplinary capacity in care management [6.A, C]. Legislature should fund DSHS initiatives, e.g. ADSA request for expansion of the DSHS Intensive Chronic Case Management Project and HRSA request for infrastructure for “medical home”. [agency policy; budget]</li> <li>Incorporate evidence based practices [EBP] for management of chronic illness into care delivery [9.D] [agency policy];</li> <li>Medicaid reimbursement of core components of CCM, including patient education, care management, group visits, etc. [agency policy, budget];</li> <li>Increase adoption of EBP’s, through identification of EBP’s and desired health outcomes, investment in IT, and pay for performance [9. A, D,F] [NOTE: Incorporate any BRC agreements on this issue from BRC retreat] [agency policy; possibly budget];</li> <li>Local public health funding for community-based prevention and health promotion activities [9.C] [NOTE: Incorporate any agreements on this issue from BRC retreat] [budget].</li> </ul>	<p><b>Integration/coordination of medical, chronic care and long term care services:</b></p> <ul style="list-style-type: none"> <li>Increase use of care models that integrate medical and social care management and provide cross-disciplinary capacity in care management [6.A, C], e.g. support approaches that have shown positive results, e.g. ADSA ICCM model [6.F] [NOTE: DSHS has requested funding to expand the ICCM project], Whatcom County Pursuing Perfection. Could implement through RFP to AAA’s and other entities. Track medical costs. If medical savings exceed cost of CM, then grantee can keep __% of the savings to reinvest in other needed LTC services, e.g. support for informal caregivers. [agency policy, budget]</li> <li>Develop better linkages between acute and LTC, family caregivers and palliative care [6.B] [agency policy];</li> <li>Increase adoption of EBP’s, through identification of EBP’s, and desired outcomes, investment in IT, and pay for performance [9. A, D,F; 7.F] [NOTE: Incorporate any BRC agreements on this issue from BRC retreat] [agency policy; possibly budget];</li> <li>Recognize the need for access to behavioral health services, and increase access to mental health services, with a focus on identification and treatment of depression; consider the recommendations of the Mental Health Transformation Project [12. B, C,D,] Appropriate funding for a 12 bed Enhanced Services Facility and increased capacity for the Expanded Community Services Program to serve individuals with behavioral or mental health issues. [agency policy, budget];</li> </ul>

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<p><b>Access to culturally and linguistically appropriate services and supports:</b></p> <ul style="list-style-type: none"> <li>• Increase cultural competency of health care providers, through recruitment of ethnic minority providers and other provider training [4.C] <a href="#">[agency policy, budget]</a>;</li> </ul>	<p><b>Access to culturally and linguistically appropriate services and supports:</b></p> <ul style="list-style-type: none"> <li>• Increase cultural competency of health care providers, through recruitment of ethnic minority providers and other provider training [4.C] <a href="#">[agency policy, budget]</a>;</li> <li>• Appropriate funding for reinstatement of the Tribally Enrolled Benefit Counselors project to enable tribal elders to access available medical and long term care benefits. <a href="#">[agency policy, budget]</a></li> </ul>
<p><b>Advance planning:</b></p> <ul style="list-style-type: none"> <li>• Increase the percentage of Washingtonians who have a health care declaration and have filed it with the new DOH health care declarations registry [HB 2342]. <b>[NOTE:</b> Seek input from DOH and Compassion in Dying on details] <a href="#">[additional research]</a>.</li> <li>• Provide information to employers about health care declarations so employers can include this information in retiree seminars and other employee communication. <a href="#">[agency policy]</a></li> </ul>	<p><b>Advance planning:</b></p> <ul style="list-style-type: none"> <li>• Increase the percentage of Washingtonians who have a health care declaration and have filed it with the new DOH health care declarations registry [HB 2342].</li> <li>• <b>[NOTE:</b> Seek input from DOH and Compassion in Dying on details] <a href="#">[additional research]</a>.</li> </ul>

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<p><b>Access to LTC information</b></p> <ul style="list-style-type: none"> <li>• Easy access to information needed to plan for future needs for LTC services, through a comprehensive, searchable website [2.A] <a href="#">[agency policy, budget]</a>;</li> <li>• Community education re the availability of website and the need to plan for LTC <a href="#">[agency policy, budget]</a>;</li> <li>• Fund a pilot program to provide “navigators” to help people interpret the information on the website and plan for LTC needs [2.A] <a href="#">[agency policy, budget]</a>;</li> <li>• Build on the existing system of community providers and supports with training to assist individuals and their caregivers in accessing appropriate services and supports and make linkages among systems [2.D] <a href="#">[agency policy]</a>;</li> <li>• Provide training to health care providers regarding finding long term care information and referral to services [2.D] <a href="#">[agency policy, budget]</a>.</li> </ul>	<p><b>Access to LTC information</b></p> <ul style="list-style-type: none"> <li>• Access to information needed to obtain LTC services at critical transitions, such as transfer from hospital into LTC services, or newly developed need for assistance with ADL’s through a comprehensive, searchable website [2.A] <a href="#">[agency policy, budget]</a>;</li> <li>• Community education re the availability of website and the need to plan for LTC <a href="#">[agency policy, budget]</a>;</li> <li>• Provide training to health care providers regarding finding long term care information and referral to services [2.D] <a href="#">[agency policy, budget]</a>.</li> <li>• Fund a pilot program to provide “navigators” to help people interpret the information on the website and plan for LTC needs [2.A] <a href="#">[agency policy, budget]</a>;</li> <li>• Consider Aging and Disability Resource Centers – are they demonstrably better or distinct from AAA’s <a href="#">[additional research]</a>.</li> </ul>
	<p><b>Support for informal caregivers</b></p> <ul style="list-style-type: none"> <li>• Appropriate increased funding for, and access to adult day services, respite, support groups, training and other caregiver supports as requested in DSHS budget proposal, and consider particular funding needs in rural areas where there are fewer residential facility options;[3.A] <a href="#">[agency policy, budget]</a>;</li> <li>• Appropriate funding to develop and online caregiver self-assessment tool as requested in a DSHS budget proposal to identify the need for training/support and access to needed training/support [3.B] <a href="#">agency policy, budget]</a>.</li> </ul>

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<p><b>Technology</b></p> <ul style="list-style-type: none"> <li>Electronic health record, with shared care plan as a component to reinforce self-management [10. A,B,D,G] <b>[NOTE: Look at HIIAB recommendation to see if LTC TF should offer recommendations that build on HIIAB work, e.g. including LTC service information in EHR and including LTC providers in the system. If already addressed in HIIAB recommendation – support them] ;</b></li> </ul>	<p><b>Technology</b></p> <ul style="list-style-type: none"> <li>Electronic health record, that includes both medical and LTC information and shared care plan option [10.A,B,D]</li> <li>Ensure that any EHR developed in WA state has the capacity to link with LTC health data and providers [10.G].</li> <li><b>[NOTE Look at HIIAB recommendation to see if LTC TF should offer recommendations that build on HIIAB work, e.g. including LTC service information in EHR and including LTC providers in the system. If already addressed in HIIAB recommendation – support them] ;</b></li> </ul>
<p><b>LTC Financing:</b></p> <ul style="list-style-type: none"> <li>Increase consumer protections in LTC insurance by adopting provisions of the NAIC model statute and regulations related to pre-existing conditions <a href="#">[statute]</a>;</li> <li>Direct OIC to make necessary changes in regulations to implement the LTC Partnership Program in WA State <a href="#">[statute]</a>.</li> <li>PEBB long term care insurance offering: very few state employees have purchased the coverage. Direct HCA to improve the quality of the product and provide improved information/education to state employees regarding its availability. Consider providing a state subsidy towards the cost of LTC insurance coverage for state employees. <a href="#">[agency policy, budget]</a></li> </ul>	<p><b>LTC Financing:</b></p> <ul style="list-style-type: none"> <li>Reverse annuity mortgages: Montana model of state as broker for RAM's to reduce costs of RAM to consumers <b>[NOTE: pending discussion at 11/27 meeting]</b>;</li> <li>Increase consumer protections in LTC insurance by adopting provisions of the NAIC model statute and regulations related to pre-existing conditions<a href="#">[statute]</a>;</li> <li>Direct OIC to make necessary changes in regulations to implement the LTC Partnership Program in WA State <a href="#">[statute]</a>.</li> <li>Integrate financing with care delivery to align incentives for quality and prevention, e.g. increase enrollment in integrated systems, such as EverCare, PACE, WMIP [7.A], but don't rely exclusively on capitation [7.B] <a href="#">[statute to authorize expansion, agency policy]</a>;</li> <li>Continue research on the feasibility of a long term care social insurance system for Washington State <a href="#">[additional research]</a>;</li> <li>As noted above in <b>integration/coordination of medical, chronic care and long term care services</b>, link payment to outcomes of medical/LTC integration efforts, including shared savings mechanisms <a href="#">[agency policy]</a>.</li> <li>Dedicate civil penalties from AFH and BH sanctions to long term care quality improvement efforts, rather than general fund <a href="#">[statute]</a>.</li> <li>Allow for flexibility in providing services by removing funding silos [7.C.]</li> </ul>

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	<p>[additional research]</p> <ul style="list-style-type: none"> <li>• Ensure fair and adequate Medicaid LTC payment rates, including rates for difficult/complex cases (e.g. compare LTC payment rates to hospital rates that would be paid without access to a LTC placement) [7.D] [additional research]</li> <li>• Appropriate funding for increased Medicaid payment rates for adult family homes, boarding homes and assisted living, as requested in DSHS budget proposal [budget];</li> <li>• Create enhanced rates for service providers in rural areas [7.I] [additional research];</li> <li>• Base rates on level of acuity, not setting [7.E] [additional research];</li> <li>• Continue to fund community residential options to offset the institutional bias of Medicaid [7.K].</li> </ul>
<p><b>Quality improvement:</b></p> <ul style="list-style-type: none"> <li>• Establish incentives for educating and reimbursing geriatricians, internists and family physicians to care for the growing number of seniors [5.D] [agency policy, budget, additional research].</li> </ul>	<p><b>LTC quality improvement:</b></p> <ul style="list-style-type: none"> <li>• Consider linking payment to meeting benchmarks, or showing significant improvement in , selected existing quality of care or quality of life requirements [statute, agency policy, budget];</li> <li>• Reporting of provider performance [agency policy, budget];</li> <li>• Workforce: <ul style="list-style-type: none"> <li>○ Increased retention;</li> </ul> </li> <li>• Develop indicators of consumer satisfaction, and solicit consumer feedback on quality of care; consider CAHPS as a model [5.A,B] [additional research].</li> </ul>

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	<b>Protection of vulnerable individuals:</b> <ul style="list-style-type: none"> <li>• Support WSBA proposal to Implement a public guardian pilot program to provide guardianship services to low income persons [13.G] [statute, budget];</li> <li>• Strengthen the APS law to enable APS to be more proactive and improve coordination with law enforcement [13.H] [NOTE: Rep. Moeller is proposing legislation to strengthen the vulnerable protection order statute] [additional research];</li> <li>• Make immediate respite options available [13.F] [additional research].</li> </ul>
<b>Housing:</b>	<b>Housing:</b> <ul style="list-style-type: none"> <li>• Develop specialized housing options for specific populations, and increase the availability of accessible housing stock [15. C,E] [additional research].</li> </ul>

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